

EPW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant(s) : KØHLER, Michael
 Serial No. : 10/530,834
 Filed : May 31, 2005
 For : HOOK HOLDER

COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: June 13, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under
 37 C.F.R. \$1.9 and \$1.27 has been
 previously established.

A verified statement to establish small
 entity status under 37 C.F.R. \$1.9 and
 \$1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	16	* 20 =	*** 0 X	\$25	\$50	=		0
Indepen- -dent Claims	4 -	** 3 =	1	\$100	\$200	=	\$100.00	0
Multiple Dependent Claim(s) Presented For First Time Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				\$180	\$360	=		
				TOTAL ADDITIONAL FEE			\$100.00	

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
 If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
 If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
 If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Applicant(s):

Serial No. :

Filed :

Amendment Transmittal Letter

Page 2

The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes _____ No _____)

and a fee of \$ _____ included)

☒ A Petition for an Extension of Time, including a fee of
\$ 510.00 for a Petition for 3 Month(s) Extension of Time

Other (identify): \$100.00 for one extra independent claim

THE TOTAL FEE DUE IS \$ 610.00

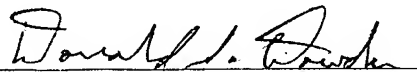
A check in the amount of \$ 610.00 is enclosed.

Please charge Deposit Account No. _____ in the amount of

☒ The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:


☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
- Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.


Donald S. Dowden Date
Reg. No. 20,701 June 13, 2006